Box Label Non-SRC Destruction Box _____ of ____ I certify that the public records contain in this box are eligible for disposition according to records retention schedules approved by the Division of Library and Information Services. Signature of Records Custodian Date Telephone Printed name Agency Name **Box Label Non-SRC Destruction** Box _____ of ____ I certify that the public records contain in this box are eligible for disposition according to records retention schedules approved by the Division of Library and Information Services. Signature of Records Custodian Date Printed name Telephone Agency Name